

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

120144

FILING DATE

11/13/87

APPLICANT(S)

Shunpei Yamazaki

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10		2		2		2
11		2		2		2
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21	1		1		1	
22						
23						
24						
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49						
50						
T TAL IND.	2		2		2	
T TAL DEP.	26		24		20	
TOTAL CLAIMS	28		24		20	

	* 1 *		* 2 *		* 3 *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
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99						
100						
T TAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* !		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1	<del>1</del>	<del>1</del>			52						
3		1	<del>1</del>	<del>1</del>			53						
4		1	<del>1</del>	<del>1</del>			54						
5		2		2		1	55						
6		2		2		2	56						
7		2		2		2	57						
8		2		2		2	58						
9		2		2		2	59						
10		2		2		2	60						
11		2		2		2	61						
12		1		1			62						
13		1		1			63						
14		1		1		1	64						
15		1		1		1	65						
16		1		1		1	66						
17		1		1			67						
18		1		1		1	68						
19		1		1		1	69						
20		1		1		1	70						
21	1		1		1		71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.	2		2		2		T TAL IND.						
T TAL DEP.	26		24		20		T TAL DEP.						
TOTAL CLAIMS	28		26		22		TOTAL CLAIMS						